



SYNCHRONIZED CARDIOVERSION

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Unstable V-Tach or Wide Complex Tachycardias (sustained).
2. Unstable Narrow Complex Tachycardias.
3. Unstable Atrial Fibrillation/Atrial Flutter.
4. Patient eight (8) years of age and younger - **not indicated**.

PROCEDURE

1. Monitor the patient in a lead that maximizes upright R wave and minimizes T wave, and observe location of synchronized marker on the R wave.
2. Consider Midazolam 1-2mg slow IV push or 1-2mg IN for all conscious patients.
3. Consider Morphine Sulfate titrated in 1-2mg increments up to 10mg slow IV push for patient complaint of pain with signs of adequate tissue perfusion.
4. Select initial energy level setting at 100 joules or a clinically equivalent biphasic energy level per manufacture guidelines.
5. Procedure may be repeated at 200, 300 & 360 joules or a clinically equivalent biphasic energy level per manufacture guidelines.
6. If cardioversion is successful, continue to monitor the patient and refer to the appropriate corresponding protocol.
7. In Radio Communication failure or with Base Station order, repeated cardioversion attempts at 360 joules or a clinically equivalent biphasic energy level per manufacture's guidelines may be attempted.
8. If ventricular fibrillation should occur during preparation or following cardioversion, immediately:
 - a. Turn off synchronizer and check pulse.

- b. Charge unit to 200 - 360 joules, or clinically equivalent biphasic energy level per manufacture guidelines.
 - c. Defibrillate per the appropriate corresponding protocol.
- 9. Document all reassessments of rhythm and pulses.